

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC			FEC IDENTIFICATION NUMBER ▼ C C00559906		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Great Eastern Radio			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 29 / 2014		
Mailing Address 106 North Main Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1280.00</div>		
City New Lebanon		State NH	Zip Code 03784		Transaction ID : SE.4366
Purpose of Expenditure Media Placement		Category/Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 21 / 2014	
Name of Federal Candidate JEANNE SHAHEEN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14670.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Great Eastern Radio			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 29 / 2014		
Mailing Address 106 North Main Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1640.00</div>		
City New Lebanon		State NH	Zip Code 03784		Transaction ID : SE.4367
Purpose of Expenditure Media Placement		Category/Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 21 / 2014	
Name of Federal Candidate ANN MCLANE KUSTER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8720.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2920.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Tom Donelson</u>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 29 / 2014

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NAME OF COMMITTEE (In Full) Americas PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00559906 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee i Heart Media New Hampshire			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2014</div> </div>	
Mailing Address 195 McGregor St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1740.00</div>	
City Manchester	State NH	Zip Code 03102	Transaction ID : SE.4364 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2014</div> </div>	
Purpose of Expenditure Media Placement		Category/ Type	Name of Federal Candidate ANN MCLANE KUSTER	
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3020.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee i Heart Media New Hampshire			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2014</div> </div>	
Mailing Address 195 McGregor St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1740.00</div>	
City Manchester	State NH	Zip Code 03102	Transaction ID : SE.4365 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 17 / 2014</div> </div>	
Purpose of Expenditure Media Placement		Category/ Type	Name of Federal Candidate SCOTT P BROWN	
Name of Federal Candidate SCOTT P BROWN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8740.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3480.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Tom Donelson

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2014

Signature

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NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WEMJ		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 20 Park Plaza Suite 220		Amount 2200.00	
City Boston	State MA	Zip Code 02116	Transaction ID : SE.4369
Purpose of Expenditure Media Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		10940.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee WLNH		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 20 Park Plaza		Amount 3200.00	
City Boston	State MA	Zip Code 02116	Transaction ID : SE.4373
Purpose of Expenditure Media Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		11920.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5400.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WNHW		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 20 Park Plaza		Amount 4060.00	
City Boston	State MA	Zip Code 02116	Transaction ID : SE.4376
Purpose of Expenditure Media Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 7080.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee WNNH		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 20 Park Plaza		Amount 2450.00	
City Boston	State MA	Zip Code 02116	Transaction ID : SE.4368
Purpose of Expenditure Media Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 13390.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6510.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WOKQ/Townsquare Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 292 Middle Road		Amount 5600.00	
City Dover	State NH	Zip Code 03820	Transaction ID : SE.4361
Purpose of Expenditure Media Purchase		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate SCOTT P BROWN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 5600.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee WPKQ		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 292 Middle Road		Amount 1280.00	
City Dover	State NH	Zip Code 03820	Transaction ID : SE.4362
Purpose of Expenditure Media Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1280.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6880.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Americas PAC	FEC IDENTIFICATION NUMBER ▼ C C00559906
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WSHK			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 292 Middle Road			Amount 1400.00		
City Dover	State NH	Zip Code 03820	Transaction ID : SE.4363		
Purpose of Expenditure Media Purchase		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate SCOTT P BROWN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		7000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee WXLF			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 20 Park Plaza			Amount 3280.00		
City Boston	State MA	Zip Code 02116	Transaction ID : SE.4372		
Purpose of Expenditure Media Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate ANN MCLANE KUSTER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		15200.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4680.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	29870.00

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